## ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Administration for Children, Youth and Families

## **ALLOWANCE SIGNOFF LEDGER**

CHILD'S NAME (Last, First, M.I.)

DATE (M/D/YY)	ALLOWANCE AMOUNT RECEIVED	CHILD'S SIGNATURE	OUT-OF-HOME CARE PROVIDER'S INITIAL
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Equal Opportunity Employer/Program
Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting 602-542-3598.